BEST AVAILABLE COF.

.	PATENT A						ON RECO	RD	A	pplication	or Do	ocket Num	nber
Effective November 10, 1998													
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL!	ENTITY	OR	OTHER		
FOR			NUMBER FILED			NUMBER EXTRA		ſ	RATE	FEE	1 1	RATE	FEE
BASIC FEE										333 (8) 8 80. 00	OR		760.C
TOTAL CLAIMS			14	minus 2	:0= ·	•			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			9	minus	3 = '	4)		X39=	240.00	OR	X78=	
MULTIPLE DEPENDENT CLAIM PRESENT								+130=		OR	+260=		
* lf	the difference	mn 1 is	less than ze	ro, e	nter "0" in c	xolumn 2	ı	TOTAL	595	OR	TOTAL		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENTA		REMA	NMS NNING TER DMENT		PRI	IIGHEST IUMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADD: TION/ FEE
MON	Total	. L	12	Minus	**	20	- 25.		X\$ 9=		OR	X\$18=	376
AME	Independent FIRST PRESE	+	10	Minus	EMA CNO	9 ENECLAIM	-		X39=		OR	X76=	84
-	rinsi Friese	MIALIO	N OF M	ULTIPLE DEP	ENU	ENT CLAIM			+130=		OR	+260=	
								 	TOTAL ODIT. FEE		OR	TOTAL ADOIT, FEE	480
3)	r-17:05	(Colu	ımn_1)_			olumn 2)	(Column 3)						
AMENDMENTE		REM/	NMS NNING TER DMENT		PRI	IIGHEST IUMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI TION/ FEE
MON	Total	. 4.	<u>ス</u>	Minus .	At	42	= ~		X\$ 9=		OR	`X\$18=	\
AME	Independent	. 18)	Minus	***	10	<u>-</u> O		X39=	12/	OR	X78=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									+130=	/	OR	+260= /	
	. ,							L	TOTAL ADDIT, FEE	/		TOTAL ADDIT. FEE	\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-
	. 10/27	,	DOII. PEE		•	AUDII. FEE							
ENTS		REMA AF	UMS UNING TER DMENT		H N PR	olumn 2) HIGHEST HUMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE-	ADDI- TIONAL FEE	/	RATE	ADD: TION/ FEE
ENDMENT	Total	*	Sas	Minus		M	All		X\$ 9=		OR	X\$18=	/_

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

ADDIT. FEE

OR

ADDIT. FEE

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

FORM PTO-875 (Rev. 11/98)

OR

+260=

TOTAL ADDIT. FEE

X39=

+130=